

**SURPLUS LINES  
TAX REPORT**

Ref: Section Ins 6.17,  
Wis. Adm. Code



State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

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To: Surplus Lines Agent

Please find attached the Surplus Lines Tax Report required pursuant to s. Ins 6.17, Wis. Adm. Code.

This office is asking that you list Ocean Marine separately from All Other Lines for auditing purposes. **ALSO, PLEASE INDICATE THE INDIVIDUAL SURPLUS LINES AGENT THAT THE BUSINESS WAS WRITTEN THROUGH, DO NOT INDICATE AN AGENCY NAME WHEN SUBMITTING THIS FILING.** The agent will be held accountable for the tax filings; failure to file may result in disciplinary action. If there has been no business written during the prior year, please indicate none and return the tax form to this office.

Return this form along with check payable to the Commissioner of Insurance on or before March 1.

If you have any questions, please contact Yvonne Sherry (608) 266-0091 or [yvonne.sherry@oci.state.wi.us](mailto:yvonne.sherry@oci.state.wi.us).

Attachment

SURPLUS LINES TAX REPORT

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Office of the Commissioner of Insurance  
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Ref: Section Ins 6.17, Wis. Adm. Code

**Instructions:** Provide complete information for each surplus lines filing through December 31. If no business was written, report same. Separate ocean marine business from all other lines, computing tax at a rate of 1/2 of 1% on ocean marine business only. The tax rate for all other lines is 3% on gross premium. Tax may be rounded to the nearest dollar amount. Send all Surplus Lines Tax Report forms, with a check for premium tax due, payable to the Commissioner of Insurance, to the above address, on or before **MARCH 1**.

Name Agent (No Agencies)		Date		<div>Check One (Complete separate forms for each item checked below)</div> <div><input type="checkbox"/> Ocean Marine<input type="checkbox"/> All Other Lines</div>		
Business Address						
City	State	Zip Code (+4)				
Name of Insured	Name of Insurer		Contract Number	Term and Effective Date	Premium Charged	Premium Tax Collected
TOTALS					\$	\$